

## PRP ORTHOPEDIC POST-TREATMENT INSTRUCTIONS

Please carefully read and follow these Instructions after your PRP treatment. There are minimal restrictions after your PRP injections allowing you to return to your daily activities almost immediately.

Do **NOT** touch, press, rub, or manipulate the treated area(s) for at least 12 hours after your treatment.

**AVOID:** Aspirin, Motrin, ibuprofen, Aleve (all non-steroidal and steroidal anti-inflammatory agents), curcumin, turmeric, Gingko biloba, garlic, flax oil, cod liver oil, vitamin A, vitamin E, or any other essential fatty acids at least 3 days -1 week prior to and after your treatment. Remember, we are creating inflammation. **This includes pain gels such as Voltaren and Salonpas, etc. for pain relief.**

If you experience discomfort or pain, you may take Tylenol or other acetaminophen products.

You **may apply heat**, if you wish, to the injected area for 20-30 minutes after the procedure, but we would prefer if you can refrain from this. **Do not apply ice to treated area!**

Do not wash or take a shower for at least 6 hours after your treatment.

Do not use any lotions, creams, or make-up for at least 6 hours after your treatment

**AVOID:** Vigorous exercise, sun, and heat exposure for at least 3 days after your treatment

**AVOID:** Alcohol, caffeine, and cigarettes for 3 days before and after your treatment.

Smokers do not heal well, problems recur earlier, and results may take longer.

Drink plenty of water for 2 weeks (10 cups per day)

You can return to physical therapy 7 days after treatment.

You may return to the gym 10 days after treatment.

It is normal to experience: Bruising, redness, itching, soreness, and swelling that may last from 3-10 days following your procedure. **Important reminder: There should be no fever or purulent discharge (pus) from the site. If there is, please contact us immediately.**

Please call our office should you have any questions or concerns regarding your PRP treatment or aftercare.

I certify that I have been counseled in post treatment instructions and have been given a written copy of these instructions.

---

Patient Name (print)

Patient Signature

Date

---

Witness Name (print)

Witness Signature

Date